

Maryland Department of Health and Mental Hygiene
Infectious Disease and Environmental Health Administration
Office of Infectious Disease Surveillance and Outbreak Response
Division of Infectious Disease Surveillance

New/Updated 2012 National Case Definitions

Campylobacteriosis

- Added new Suspect case classification (detection by non-culture based method) These cases will probably not be included in official counts.
- Added comment re the increasing use of culture independent test methods

Cryptosporidiosis

- Tightened Clinical Description
- Expanded the Laboratory Criteria for Diagnosis section for Confirmed Cases
- Clarified the Laboratory Criteria for Diagnosis section for Probable Cases
- Added comment stating that cases of diarrheal illness that are epi-linked to Probable cases will be considered suspect cases only. (There is no official Suspect case definition.)

Hepatitis A, Acute

- Relabeled the “Clinical Case Definition” to “Clinical Description”
- Expanded the Clinical Description section to list the symptoms consistent with illness
- Eliminated dark urine from Clinical Description
- Clarified that “elevated serum aminotransferase levels” means either alanine aminotransferase or aspartate aminotransferase) that is above the upper limit of normal (a specific level is no longer included).

Hepatitis B, Acute

- Relabeled the “Clinical Case Definition” to “Clinical Description”
- Expanded the Clinical Description section to list the symptoms consistent with illness
- Lowered the elevated ALT level criteria from 200 IU/L to 100 IU/L
- Added comment in Clinical Description stating that a documented negative HBsAg laboratory test within 6 months prior to an appropriate positive test result does not require an acute clinical presentation to meet the surveillance case definition. (This may be especially relevant to dialysis settings.)
- Changed Laboratory Criteria for Diagnosis to require **both** HBsAg positive AND IgM anti-HBc positive (if done) (HBsAg positive alone is still sufficient to fulfill the laboratory criteria for diagnosis.)
- Eliminated requirement for negative (if done) IgM anti-HAV

Hepatitis B, Chronic

- Relabeled the “Clinical Evidence” section to “Clinical Description”

Changed Laboratory Criteria for Diagnosis language to clarify what types of hepatitis B virus DNA testing are acceptable (qualitative, quantitative and genotyping)

Hepatitis C, Acute

- Relabeled the “Clinical Presentation” section to “Clinical Description”
- Expanded the Clinical Description section to list more symptoms consistent with illness
- Eliminated dark urine from Clinical Description
- Added comment in Clinical Description stating that a documented negative HCV antibody laboratory test within 6 months prior to an appropriate positive test result does not require an acute clinical presentation to meet the surveillance case definition (This may be especially relevant to dialysis settings.)
- Updated the URL for SCO information (now <http://www.cdc.gov/hepatitis/HCV/LabTesting.htm>)
- Added “if done” to IgM anti-HAV and IgM anti-HBc negative results(both were previously required)

Hepatitis C, Past or Present

- Reorganized Laboratory Criteria for Diagnosis section and eliminated EIA testing criteria
- Added requirement for a positive NAT for HCV RNA in persons less than 18 months of age
- Added clarifying line to Probable Case Classification: “A case that does not meet the case definition for acute hepatitis C”

Influenza-Associated Hospitalizations - NEW

Melioidosis – NEW

Mumps

- Reorganized/clarified Clinical symptoms for all case classifications
- Lab tests for Confirmed cases now limited to RT-PCR or culture
- All epi-linked symptomatic persons now considered Probable cases
- Expanded Probable case definition to include symptomatic persons with + IgM antibody

Salmonellosis

- Added new Suspect case classification (detection by non-culture based method) These cases will probably not be included in official counts.
- Expanded Probable case definition to include “contact with a member of a risk group as defined by public health authorities during an outbreak”

Shigellosis

- Added new Suspect case classification (detection by non-culture based method) These cases will probably not be included in official counts.
- Expanded Probable case definition to include “contact with a member of a risk group as defined by public health authorities during an outbreak”

Vibriosis

- Slightly changed Clinical Description
- Expanded Laboratory Criteria for Diagnosis to include all species of the family *Vibrionaceae* (other than toxigenic *Vibrio cholerae* O1 or O139)
- Added a list of Genera in the family *Vibrionaceae* to the Comment section